

**AUTHORIZATION FOR AUTOMATIC ACCOUNT TRANSFERS**

STUDENT LOANS OF NORTH DAKOTA

SFN 18397-022 (4/06)

Borrower's Name		E-mail Address		Cell Number
Address			City	
State	Zip Code	Home Telephone Number	Work Telephone Number	
Social Security Number	Account(s)			Monthly Payment

I authorize the Bank of North Dakota (the "Bank") and the Financial Institution named below (the "Account Bank") to initiate transfers from my checking/savings account at the Account Bank for the purpose of making Student Loan payments to the Bank of North Dakota. The transfers will be in the amount stated above each month until my loan is paid in full or until notification of payment change from the Bank or until I notify the Bank in writing to stop payment of the transfers. The transfers will be completed on the **1st, 9th, 16th, or 23rd of each month** or the following business day if the transfer date is a non-business day.

I authorize my lender to capitalize (add to the principal balance) accrued interest on my account(s) for any interest due which is required to bring my account current for the processing of this authorization form, or during any period the lender is unable to receive funds from my account due to non-sufficient funds.

**PLEASE COMPLETE THE FOLLOWING (PRINT LEGIBLY)**

Account Type - <i>Please include a voided check, a copy of your check blank, or deposit slip for savings accounts.</i>	Payment Due Date (check only one)
(check only one) <input type="checkbox"/> Checking <input type="checkbox"/> Savings	<input type="checkbox"/> 1st <input type="checkbox"/> 9th* <input type="checkbox"/> 16th* <input type="checkbox"/> 23rd*

Account Name (the name(s) on the checking/savings account)

Account Bank (the name of the financial institution from which the funds will be drawn on)

Bank Account Number (your account number (checking/savings) from which you are authorizing the withdrawal)

Bank Account ABA Routing Number (this is the 9 digit number located on the bottom of your deposit ticket or check)

Borrower's Signature (Account holder's signature required when applicable)	Date
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Co-Borrower's Signature (signature required when applicable)	Date
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**PLEASE NOTE:**  
**Continue to make your regular monthly payments until you receive notification indicating the effective date of the first automatic payment.**  
***\*If I elect a payment date other than the first of each month and later decide to change to another form of payment, my payment due date will revert to the 1st of the month.***